

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

PINE BLUFF DIVISION

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

JUL 17 2014

JAMES W. McCORMACK, CLERK  
By: ASc DEP CLERK

JOHN HENRY WILLIAMS  
ADC # 93081

(Enter above the full name of the plaintiff(s)  
in this action.)

V.

CASE NO. 5:14-CV-281-Jm-JJV

CMS/CORIZON/DEBRA JACK/MS LUDLAM this case assigned to District Judge Moody  
WARDEN RANDY WATSON/ASST. MARSH JACKSON and to Magistrate Judge Volpe  
MAJOR BOBBY/MAJOR MARQUEL/CAPT STEPHENS  
(Enter above the full name of the defendant(s)  
in this action.)

I. Previous Lawsuits

- a) Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ✓

- b) If your answer to "a" is "Yes", describe each lawsuit in the space below including the exact plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: N/A

Defendants: N/A

2. Court (if federal court, name the district; if state, name the county): \_\_\_\_\_

N/A

3. Docket Number: N/A

Address: [REDACTED]

(In item "b" below, place the **full** name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

b) Defendant: DEBRA YORK  
 Position: INFIRMARY ADMINISTRATOR  
 Place of Employment: ADC VARNER UNIT  
 Address: P.O. Box 600, Grady, AL 36044  
 Defendant: Mrs. LULLAM  
 Position: DENTAL ASSISTANT  
 Place of Employment: ADC VARNER UNIT  
 Address: P.O. Box 600, Grady, AL 36044  
 Defendant: WARDEN RANDY WATSON  
 Position: WARDEN (ADC VARNER UNIT)  
 Place of Employment: ADC VARNER UNIT  
 Address: P.O. Box 600, Grady, AL 36044  
 Defendant: MOSES JACKSON  
 Position: ASSISTANT WARDEN  
 Place of Employment: ADC VARNER UNIT  
 Address: P.O. Box 600, Grady, AL 36044

#### V. Statement of Claim

State here as briefly as possible the **facts** of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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(In item "b" below, place the **full** name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

- b) Defendant: MAJOR BOLLEN  
 Position: CHIEF OF SECURITY  
 Place of Employment: ADC VARNER UNIT  
 Address: P.O. Box 600, Grady, AR 71644
- Defendant: MAJOR MALONE  
 Position: CHIEF OF SECURITY  
 Place of Employment: ADC VARNER SUPER MAX  
 Address: P.O. Box 500, Grady, AR 71644
- Defendant: CAPT STEPHENS  
 Position: SHIFT COMMANDER  
 Place of Employment: ADC VARNER SUPER MAX  
 Address: P.O. Box 500, Grady, AR 71644
- Defendant: CMS/CORIZON (Medical Providers For A.D.C.)  
 Position: MEDICAL PROVIDERS FOR A.D.C.  
 Place of Employment: VARNER UNIT / NSM  
 Address: P.O. Box 600 / VARNER UNIT,  
CENTRAL OFFICE, P.O. Box 8707, PINE  
BLUFF, Ark., 71611

#### V. Statement of Claim

State here as briefly as possible the **facts** of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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## I History

ON JUNE 11, 2013, PLAINTIFF WAS REMOVED FROM THE GENERAL POPULATION OF THE VARNER UNIT, AND WAS PLACED INTO ADMINISTRATIVE SEGREGATION IN THE VARNER SUPER MAX UNIT

ON JUNE 27, 2013, PLAINTIFF SUBMITTED HIS FIRST SICK CALL REQUEST TO CMS/CORIZON COMPLAINING OF TOOTH PAIN, AND ON JULY 1, 2013, PLAINTIFF WAS INTERVIEWED BY NURSE AMANDA L'RAY WHO NOTED THE DENTAL PROBLEMS, AND RECOMMENDED THAT PLAINTIFF BE SEEN BY THE UNIT DENTIST FOR FURTHER MEDICAL TREATMENT.

BETWEEN THE DATES <sup>OF</sup> JULY 10, 2013, AND SEPTEMBER 11, 2013, PLAINTIFF SUBMITTED APPROX. THIRTEEN (13) MEDICAL GRIEVANCES, WITH SOME BEING REJECTED AS BEING DUPLICATES OF OTHERS, BUT EACH GRIEVANCE COMPLAINED OF SEVERE TOOTH PAIN AT DIFFERENT DATES.

DURING THE DATES OF JULY 10, 2013, AND SEPTEMBER 25, 2013, THERE WAS NO DENTAL SERVICES AVAILABLE AT THE VARNER UNIT BECAUSE THEY WERE UNABLE TO EMPLOYEE A FULLTIME DENTIST. (GRIEVANCE # KSM-13-3145 # KSM-13-3144)

PLAINTIFF HAD ELEVEN (11) TEETH THAT WERE DISEASED AND ABSCESSSED, BUT KNOWING THAT PULLING A TOOTH IN THIS CONDITION COULD HAVE FATAL CONSEQUENCES, THE PAIN HAD BECOME SO BAD IN TWO (2) OF THE TEETH THAT PLAINTIFF PULLED THOSE TWO (2) TEETH HIMSELF. (GRIEVANCE # KSM-13-3637)

ON SEPTEMBER 26, 2013, DR. RUSSELL, ON LOAN FROM THE CUMMINGS UNIT, CAME TO THE VARNER UNIT WHERE HE EXTRACTED SEVEN (7) ADDITIONAL TEETH (NUMBERS 4, 6, 7, 10, 11, 12, 13, Grievance # KSM-13-3042).

## II

### COMPLAINT

THIS IS A SAD SITUATION WHERE THE PLAINTIFF WAS CONFINED TO A CELL WITHIN THE VARNER SUPER MAX UNIT, AND WAS COMPLETELY AT THE MERCY OF HIS CARE TAKERS WHO ALLOWED THE PLAINTIFF TO CONTINUOUSLY SUFFER WITH HIS DISCARDED AND ABUSED TEETH. (SEE ATTACHED GRIEVANCES)

CMS/CORIZON ARE MEDICAL PROVIDERS WHO ARE CONTRACTED BY THE ARKANSAS DEPARTMENT OF CORRECTIONS TO PROVIDE MEDICAL AND DENTAL SERVICES TO THEIR INMATE POPULATION. DEBRA YORK IS EMPLOYED BY CMS/CORIZON IN THE POSITION OF HEALTH SERVICES ADMINISTRATOR (MS. YORKS IS NO LONGER EMPLOYED AT THE VARNER UNIT). (GRIEVANCE # KSM-13-2944)

WHEN CONTRACTING WITH THE DEPARTMENT OF CORRECTIONS CMS/CORIZON AGREED TO PROVIDE DENTAL CARE, AND MS. YORK WAS RESPONSIBLE FOR ENSURING THAT THERE WAS SUFFICIENT DENTAL PERSONNEL ON SITE TO PROVIDE SERVICES TO ALL INMATES, HOWEVER, THIS OBLIGATION WAS NOT MET, AND THE VARNER UNIT HAS CONTINUOUSLY BEEN WITHOUT DENTAL SERVICES. (GRIEVANCES # KSM-13-2739 KSM-13-2944)

WARDEN RANDALL WATSON AND ASSISTANT WARDEN MOSES JACKSON ARE RESPONSIBLE FOR THE CUSTODY AND CARE OF EVERY INMATE HOUSED AT THE VARNER AND VARNER SUPER MAX UNITS. THIS INCLUDES ENSURING THAT INMATES ARE RECEIVING ADEQUATE, AND PROPER MEDICAL, AND DENTAL CARE. TAKING INTO CONSIDERATION THAT THESE INDIVIDUALS ARE NOT DOCTORS OR DENTIST, AND PROBABLY HAVEN'T HAD ANY TRAINING IN MEDICAL PROCEDURES, HOWEVER, THESE INDIVIDUALS WERE MADE PERSONALLY AWARE THAT PLAINTIFF WAS SUFFERING WITH TOOTH DISEASE, AND THAT PLAINTIFF WAS BEING <sup>DENIED</sup> DENTAL CARE BECAUSE THE VARNER UNIT WAS WITHOUT AN ON SITE DENTIST. THESE DEFENDANTS DID ABSOLUTELY NOTHING OTHER THEN TO IGNORE THE PLAINTIFF'S PLEAS FOR HELP (GRIEVANCE VSM-13-3421 VSM-13-3422 WITH ATTACHED AFFIDAVITS). (GRIEVANCE # VSM-13-3423)

MAJOR BOLDEN, MAJOR MALONE AND CAPT STEPHENS ARE TOP RANKING OFFICIALS WHO ARE HEADS OF SECURITY AT THE VARNER AND VARNER SUPER MAX UNITS WHO ARE ALSO RESPONSIBLE FOR SEEING THAT SCHEDULED MEDICAL APPOINTMENTS ARE DONE IN A TIMELY MANNER, HOWEVER, PLAINTIFF WAS SCHEDULED FOR A DENTAL VISIT AROUND THE 11TH OF SEPTEMBER 2013, BUT WAS NOT SEEN DUE TO SOME UNKNOWN SECURITY CONCERN (GRIEVANCE # VSM-13-3042) THESE DEFENDANTS WERE ALSO PERSONALLY AWARE OF PLAINTIFF'S PLEAS FOR HELP BUT ALSO ELECTED TO IGNORE PLAINTIFF'S PLEAS.



MRS. LUDLAM IS EMPLOYED BY CSM/CONIZON IN THE POSITION OF DENTAL ASSISTANT WHO IS ALSO RESPONSIBLE FOR SCHEDULING APPOINTMENTS. MRS. LUDLAM, DUE TO HER ADVANCED AGE, IS UNABLE TO CARRY OUT HER DUTIES AND CAUSES SEVERE ANIMOSITY AND CONFUSION AS WELL AS SPREADING FALSE INFORMATION CONCERNING INMATES JUST WANTING TO FILE LAW SUITS, WHICH MAKES IT IMPOSSIBLE TO KEEP A DENTIST AT THE VARNER UNIT.

AT ALL TIMES WHILE PLAINTIFF WAS PLEADING WITH THE NAMED DEFENDANTS THE CUMMINGS UNIT, WHICH IS NO MORE THEN TWO (2) MILES FROM THE VARNER UNIT, HAD A FULL TIME DENTIST ON DUTY SO THE DEFENDANTS HAD SEVERAL OPTIONS AVAILABLE TO THEM, BUT IT WAS THEIR DECISION TO ALLOW THE PLAINTIFF TO CONTINUE TO SUFFER UNTIL THE VARNER UNIT COULD EMPLOY A DENTIST.

THE ACTIONS OF THE DEFENDANTS ARE PROHIBITED BY THE 9TH AMENDMENTS, AND THE PERSONAL INVOLVEMENT OF THE DEFENDANT SUPERVISORS CONSTITUTE DELIBERATE INDIFFERENCE, AND THE DELAY IN OBTAINING DENTAL CARE RAISES TRIABLE FACT QUESTIONS.

ALL DEFENDANTS ARE BEING SUED IN BOTH THEIR PERSONAL AND OFFICIAL CAPACITY.



THE NAMED DEFENDANTS DISPLAYED A DELIBERATE  
INDIFFERENCE TO THE SERIOUS DENTAL NEEDS OF THE  
PLAINTIFF, WHICH RESULTED IN UNNECESSARY PAIN AND  
SUFFERING. EACH DEFENDANT WILL BE ADDRESSED  
SEPARATELY IN THE ATTACHED EXTRA PAGES.

VI. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

PLAINTIFF SEEKS A JURY TRIAL PLUS A PRELIMINARY INJUNCTION  
ORDERING THE DEFENDANTS TO PROVIDE ADEQUATE DENTAL  
CARE TO INMATES. PLAINTIFF FURTHER SEEKS COMPENSATION  
IN THE SUM OF \$25,000.00 FROM EACH DEFENDANT.  
AND FOR ANY AND ALL OTHER RELIEF THE COURT  
MAY DEEM JUST AND PROPER.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this 14 day of July, 20 14.

Respectfully submitted,

John H. Williams

PLAINTIFF, Pro Se

ADC #

Varner Unit

Arkansas Department of Correction

Grady, AR 71644

Exhibit #1

105

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VALDER SUPER MAX

Name John Henry Williams

DC# 93081 Brks # 105 Job Assignment 105

FOR OFFICE USE ONLY	
GRV. # <u>15M-13-2627</u>	Date Received: <u>7/19/13</u>
GRV. Code #: <u>600</u>	

7/10/13 (Date) STEP ONE: Informal Resolution

7/17/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE THERE IS NOTHING MENTIONED A MY DENTAL PROBLEM

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print) MY LEFT KNEE HAS BEEN TORN UP FOR FOUR YEARS NOW, I SUPPOSE TO BE ON THE WAITING LIST TO BE SEEN BY ORTHOPAEDIC SPECIALIST DR. SHOCK. I AM TAKING SEVERAL DIFFERENT MEDICINES IN WHICH IS EATING THE LINING OF MY STOMACH UP. MY TOOTHES ARE HURTING, THEREFORE SOME OF MY TOOTHES NEED TO BE PULLED. CORIZON MEDICAL WILL SHOW THAT I HAVE BEEN THROUGH THE SICK CALL PROCEDURE RECENTLY FOR ALL OF THESE MEDICAL PROBLEMS, BUT CORIZON'S MEDICAL STAFF HAS NOT PROVIDED ANY MEDICAL TREATMENTS TO ME FOR THESE PROBLEMS, BUT CORIZON IS CONSTANTLY CHARGING ME \$3.00 AT SICK CALL FOR THESE SAME PROBLEMS.

TO SOLVE OR RESOLVE: HAVE ME SEEN BY DR. SHOCK, GIVE ME A HIGH PROTEIN SCRIPT, HAVE ME SEEN BY A DENTIST AND STOP CHARGING ME \$3.00 FOR THE SAME PROBLEMS.

Inmate Signature

John Williams

Date

7/10/13

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance. (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Sgt Higgins Date 7-15-13

PRINT STAFF NAME (PROBLEM SOLVER) Sgt Higgins ID Number 74365 Staff Signature Sgt Higgins Date Received 7-10-13

Describe action taken to resolve complaint, including dates: you are scheduled to see Dr schack.

Staff Signature & Date Returned Csejua 7/15/13

Inmate Signature & Date Received John Williams 7/17/2013

This form was received on 07.17.13 (date), pursuant to Step Two. Is it an Emergency? N (Yes or No).

Staff Who Received Step Two Grievance: Page Date: 07.17.13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: Page Date: 7/19/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

IGTT420

3GH

Attachment IV

INMATE NAME: Williams, John H.ADC #: 093081BGRIEVANCE #: VSM13-02627

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(655) You submitted a grievance on July 10, 2013, with multiple complaints. You grieve that your referral to Dr. Schock has not been completed, your pain medications are eating the lining of your stomach, you have a toothache and you were being charged repeatedly for your sick call visits related to the same issues. You state "To solve or resolve: Have me seen by Dr. Schock, give me a high protein script, have me seen by a dentist and stop charging me \$3.00 for the same problems".

You were referred to Dr. Schock May 3 and he saw you August 14. He made an assessment of left knee arthrosis for which he ordered Meloxicam 15mg once daily and Tylenol 500mg three times daily as needed both for five months and quad exercises. Due to the delay completing your orthopedic referral, your grievance is with merit but resolved.

Your additional complaints will not be addressed at this time because you are only allowed to grieve one issue/complaint per policy.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer

Title

08/16/2013

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

AUG 27 2013

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days of mailing in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE MY LEFT KNEE IS TORN UP AND NEEDS A "KNEE REPLACEMENT", BUT DR. IKO AND DR. SHOCK REFUSED TO PROVIDE ME WITH THIS MEDICAL PROCEDURE BECAUSE OF THE COST CONTAINMENT. DR. IKO AND DR. SHOCK ALSO DISCONTINUED NEEDED MEDICATIONS THAT I HAD BEEN PRESCRIBED BY OTHER PHYSICIANS BEFORE ARIZONA.

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-02627

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On July 10, 2013, you submitted a grievance with multiple complaints. You grieve that your referral to Dr. Schock has not been completed, your pain medications are eating the lining of your stomach, you have a toothache and you were being charged repeatedly for your sick call visits related to the same issues. You state "To solve or resolve: Have me seen by Dr. Schock, give me a high protein script, and have me seen by a dentist and stop charging me \$3.00 for the same problems".

The medical department responded, "You were referred to Dr. Schock May 3 and he saw you August 14. He made an assessment of left knee arthrosis for which he ordered Meloxicam 15mg once daily and Tylenol 500mg three times daily as needed both for five months and quad exercises. Due to the delay completing your orthopedic referral, your grievance is with merit but resolved. Your additional complaints will not be addressed at this time because you are only allowed to grieve one issue/complaint per policy."

Your appeal states that Dr. Iko and Dr. Schock refuse to provide you with a knee replacement; they have also discontinued some of your medications.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed." In addition, "The appeal cannot raise new or additional issues or complaints."

The medical department found your grievance with merit, but resolved; therefore, I find this appeal without merit.

Director

Date

10/30/13

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-02739 DATE: 09/18/2013

*CB2  
218*

Please be advised, the appeal of your grievance dated  
07/23/2013  
was received in my office on this date 09/18/2013

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of VSM13.3042 [REDACTED]

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**



**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VARNER SUPER MAX

Name John Henry Williams

DC# 93081

Brks # 105

Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV. #	<u>VSM-132739</u>
Date Received	<u>7/26/13</u>
GRV. Code #	<u>600</u>

7/19/13 (Date) STEP ONE: Informal Resolution

7/23/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I NEED TO SEE A DENTIST IMMEDIATELY AND IS PAST THE 12 HOUR PERIOD

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: ALLURE TO FOLLOW POLICY HAS RESULTED IN A DELAY FOR THIS

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): CMS/CORIZO DOES NOT HAVE A DENTIST ON STAFF HERE AT VARNER. THIS EVENT HAS BEEN TRANSPIRING FOR THREE MONTHS NOW. ALL OF MY TOOTH ARE CAUSING ME A GREAT DEAL OF PAIN AND DISCOMFORT FOR A MONTH NOW. I HAVE BEEN THROUGH THE SICK CALL PROCEDURE WHICH SAYS THAT I SHOULD BE SEEN WITHIN 12 HOURS. I HAVE NOT BEEN SEEN NOR TREATED BY A DENTIST FOR A MONTH NOW.

TO SOLVE OR RESOLVE I NEED TO SEE A DENTIST IMMEDIATELY IN ORDER TO HAVE ALL OF MY TOOTH EXTRACTED.

John Williams  
Inmate Signature

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Piggee 39936 Piggee 7/24/13

PRV STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: you were seen in sick call on 7/1/13 by nurse Grey and she referred you to see the dentist you have been added to the list.

Piggee 7/23/13 John H. Williams 7/23/13  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No). Staff Who Received Step Two Grievance: Sgt. L. L. L. Date: 7-24-13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: Def. K. K. Date: 7/26/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

CB7/218

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-02739

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) Your Concern: white) CMS/Corizon does not have a dentist on staff her at Varner. This event has been transpiring for three months now. All of my teeth are causing me a great deal of pain and discomfort for a month now, I have been through the sick call procedure; Which says that I should be seen within 72 hours. I have not been seen nor treated by a dentist for a month now.

To solve or resolve: I need to see a dentist immediately in order to have all of my teeth abstracted.

Response: Your grievance dated 7/23/13 was received on 7/26/13 and a review of your medical record was completed to determine if dental care has been provided.

You placed a sick call and were seen on 7/1/13 for complaints of tooth aches, wanting your teeth extracted and were placed on the dental list. You were then seen again on 8/23/13 and informed you were still on the list to see the dentist. You are correct in that you should not have a delay in dental care for this time frame and I apologize for this.

We are utilizing dentists from other facilities and you will be seen soon.

I find your grievance with merit.

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

Deborah Louise York

Title

09/06/2013

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

**INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE ON 8/20/2013 AND 9/3/2013 I HAD TO TAKE SEVEN Ibutphen PAIN PILLS IN ORDER FOR THE PAIN TO BE DULLED, AND I EXTRACTED BOTH OF MY FRONT TEETH FROM MY MOUTH IN WHICH I HAVE IN MY POSSESSION. BUT I STILL HAVE NOT BEEN SEEN NOR TREATED BY A DENTIST.

John H. Williams

Inmate Signature

93081

ADC#

9/9/2013

Date



IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-02944 DATE: 09/18/2013

CB2  
218

Please be advised, the appeal of your grievance dated  
08/06/2013  
was received in my office on this date 09/18/2013

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of VSM13.3042 [REDACTED]

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

*This Medical Grievance Is The Same  
As VSM13-03042 BUT WAS REJECTED*

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VALE SPE MAX

Name John Henry Williams

C# 93081 Brks # 105 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV. # <u>Kn. B-2744</u>	Date Received: <u>8/7/13</u>
GRV. Code #: <u>600</u>	

(Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I WILL NOT GET

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to

a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious

nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the

attached emergency receipt. If an Emergency, state why: BECAUSE THE PAIN IS SO SEVERE

THAT I HURT ALL OVER ESPECIALLY IN MY MOUTH AND HEAD.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one (medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel

involved and how you were affected. (Please Print) CIR/COZON HAS NOT HAD A

DENTIST ON STAFF FOR ALMOST THREE MONTHS NOW IN

WHICH I WELL DOCUMENTED IN THEIR MANAGEMENT RECORD.

SEE A CONTACT W/ ELON AND YOU HAVE EXTENSIVE DENTAL

PROBLEMS WHERE I HAVE ALL OF MY TEETH NEED TO BE EXTRACTED FROM MY

MOUTH BECAUSE THEY ARE ALL DECAYED AND I HAVE A

NORTHERN IN WHICH NOW HAS BEEN THAT WAY FOR OVER A MONTH

I HAVE BEEN THROUGH THE SICK CALL PROCEDURE - CIR/COZON

THINK I SHOULD HAVE BEEN REFERRED FOR MEDICAL TREATMENT TO

A MEDICAL COLLEGE 72 (MARCH) BUT THAT HAS NOT OCCURRED.

HE SAYS CIR/COZON PURPOSELY AND KNOWINGLY ALLOWING

ME TO SUFFER GREAT PAIN AND DISCOMFORT AND VIOLATING THEIR OWN

POLICY BY NOT HAVING A DENTIST ON STAFF AND WAIT SEND ME TO A

THIRD PARTY OUTSIDE TO TREAT MY MEDICAL PROBLEM. TO RESOLVE A

PROBLEM I WAS GIVEN A DENTIST IMMEDIATELY BECAUSE CIR/COZON

ALLOWING MY MEDICAL PROBLEM TO PERSIST THROUGHOUT MY ENTIRE BODY.

Inmate Signature John H. Williams Date 7/1/13

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name

of the person in that department receiving this form: FAILURE TO FOLLOW

POLICY HAS RESULTED IN

REJECTION FOR THIS SEP 16 2013

Describe action taken to resolve complaint: APPEAL AND MARK THE END

OF THE APPEAL PROCESS

PRINT STAFF NAME (PROBLEM SOLVER) \_\_\_\_\_

Describe action taken to resolve complaint: APPEAL AND MARK THE END

OF THE APPEAL PROCESS

Staff Signature & Date Received: John H. Williams 8/6/13

This form was received on 8/6/13 (date), pursuant to Step Two. Is it an Emergency? NO (Yes or No).

Staff Who Received Step Two Grievance: John Date: 8/6/13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 8-7-13

If forwarded, provide name of person receiving this form: Delux Date: 8-7-13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

Exhibit #8

CB 2/218 ✓

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-02944

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted VSM13-3042 on August 1, 2013, and your yellow copy of that same grievance, VSM13-2944, both grieving that all of your teeth need to be extracted but there is no dentist at this unit. You state you are in pain.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay.



Signature of Health Services  
Administrator/Mental Health Supervisor  
Designee

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS**

Medical Grv Officer

Title

09/11/2013

Date

**INMATE'S APPEAL**

**APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance. **HEALTH & CORRECTIONAL PROGRAMS** will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

How could this grievance not have "MERIT" and it is a "Duplicate" of VSM 13-3042? And Grievance # "VSM13-3042" has "MERIT"? Also, what happened to Unit Level Grievance Form (Attachment I) white copy in which I submitted on 8/1/2013?

John A. Williams  
Inmate Signature

93081  
ADC#

9/12/2013  
Date

FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 16 2013

HEALTH & CORRECTIONAL PROGRAMS



202 No CK

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VARNER SUPER MAX

Name John Henry Williams

IC# 93081 Brks # 105 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV. #	<u>13m-13-342</u>
Date Received:	<u>8/13/13</u>
GRV. Code #:	<u>600</u>

(Date) STEP ONE: Informal Resolution 8/1/13

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.) 8/7/13

If the issue was not resolved informally, state why: BECAUSE BY CMS/CORIZON NOT

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: BECAUSE THE PAIN IS SO SEVER

THAT I HURT ALL OVER, ESPECIALLY IN MY MOUTH AND HEAD.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: (medical) or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): CMS/CORIZON HAS NOT HAD A

DENTIST ON STAFF FOR ALMOST THREE MONTHS NOW IN

WHICH IS WELL DOCUMENTED IN THEIR MANAGEMENT RECORDS.

(SEE OR CONTACT MS. GEORAH YORK: I HAVE EXTREME DENTAL

ISSUES WHEREUPON ALL OF MY TOOTH NEEDS TO ABSTRACTED FROM MY

mouth because they loose, abscessed, gum milk and

over the top in which now has been that way for over a month.

I HAVE BEEN THROUGH THE SICK CALL PROCEDURE, PER CMS/CORIZON

POLICIES, I SHOULD HAVE BEEN RENDERED MEDICAL TREATMENT FOR

MY MEDICAL PROBLEM AFTER 72 HOURS, BUT THAT HAS NOT OCCURED.

NEVERMORE, CMS/CORIZON IS PURPOSELY AND KNOWINGLY ALLOWING

ME TO SUFFER GREAT PAIN AND DISCOMFORT AND VIOLATING THEIR OWN

POLICIES BY NOT HAVING A DENTIST ON STAFF AND WANT SEND ME TO A

THIRD PARTY OUTSIDE TO TREAT MY MEDICAL PROBLEM. TO RESOLVE OR SOLVE

PROVIDED ME WITH A DENTIST IMMEDIATELY! BECAUSE CMS/CORIZON

IS ALLOWING MY MEDICAL PROBLEM TO SPREAD THROUGHOUT MY ENTIRE BODY.

Inmate Signature John H. Williams

Date 8/1/13

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

SEP 16 2013

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance

(Yes or No). This form was forwarded to medical or mental health \_\_\_\_\_ (Yes or No) If a CORRECTION PROGRAMS

of the person in that department receiving this form: ASMR 10030 ASMR 8-1-13 8-5-13

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: if you are having dental

problems please submit a sick call request so you can be

evaluated by medical staff.

Staff Signature & Date Returned 8/7/13

Inmate Signature & Date Received 8/7/13

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: ASMR Date: 8/14/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

CB2/218✓

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03042

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted VSM13-3042 on August 1, 2013, and your yellow copy of that same grievance, VSM13-2944, both grieving that all of your teeth need to be extracted but there is no dentist at this unit. You state you are in pain.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer

Title

09/11/2013

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

## INMATE'S APPEAL

SEP 16 2013

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

YES THIS GRIEVANCE HAS "MERIT", BUT THAT DON'T EXCUSE COLEMAN FOR NOT HAVING A DENTIST ON STAFF HERE AT VARNER. IT IS THE 9/12/2013 AND COLEMAN STILL HAVE NOT PROVIDED ME WITH A DENTIST. ALSO, WHAT HAPPENED TO THE "PINK COPY" IN WHICH I SUBMITTED?

Exhibit #4

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03042

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

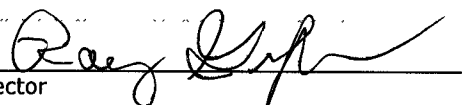
On August 1, 2013 you grieved that you are in pain and your teeth needs to be extracted, but your unit does not have a dentist.

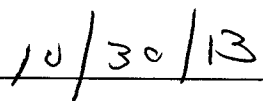
The medical department responded, "Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth. Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay."

Your appeal states that your unit is still without a dentist, and you have not been seen in dental clinic.

The nurse saw you on July 1, for the complaint of a loose tooth and you were referred to the dentist. Dr. Russell saw you on September 26, with complaints of needing some of your teeth extracted. He extracted tooth number's (4, 6, 7, 10, 11, 12, and 13); he ordered Amoxicillin 500 mg 1 tablet TID for 10 days and noted, "Informed patient of recommended treatment. If patient desires further treatment, a request form should be submitted. Informed patient of recommended treatment. If patient desires further treatment, a request form should be submitted."

You were referred to the dentist on July 1, and not seen until September 26; therefore, I find this appeal with merit, but resolved.

  
Director

  
Date



John H. Williams  
Inmate Signature

93081  
ADC#

9/12/2013  
Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 16 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03069 DATE: 09/24/2013

CB 2  
218

Please be advised, the appeal of your grievance dated  
08/12/2013  
was received in my office on this date 09/24/2013

**You will receive communication from this office regarding this Grievance by 11/05/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner Super Max

Name John Henry Williams

IC# 93081

Brks # 202

Job Assignment Ad. Sec.

AUG 14 2013

FOR OFFICE USE ONLY	
GRV. #	<u>15M-13-3069</u>
Date Received:	<u>8/15/13</u>
GRV. Code #:	<u>600</u>

8/6/13 (Date) STEP ONE: Informal Resolution WARNER UNIT GRIEVANCE

8/12/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE CORIZON DON'T HAVE A DENTIST ON STAFF.

8/6/13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: I Am In Great Pain And Discomfort, Can Somebody Please Help Me Immediately.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): CMS/CORIZON IS DENYING ME MEDICAL CARE BECAUSE THEY (CMS/CORIZON) HERE AT VARNER DOES NOT HAVE A DENTIST ON STAFF TO PROVIDE ME WITH DENTAL SERVICES FOR MY WELL DOCUMENTED DENTAL PROBLEMS. UNDER CMS/CORIZON CONTRACT ARTICLE I, DEFINITIONS (1.12) DAILY PHYSICIANS/ DENTIST COVERAGE: shall mean and refer to the availability of a physician and/or dentist on or for the premises of an ADC or OCP operate/managed facility, for the purpose of rendering care or treatment pursuant to health complaint registered by offenders during normal work hours: generally 8:00 A.M. to 5:00 P.M., Monday through Friday of each calendar week. CMS/CORIZON IS IN VIOLATION OF THIS POLICY BECAUSE THEY DON'T HAVE A DENTIST ON STAFF FOR GENERAL WORK HOURS 8:00 A.M. TO 5:00 P.M., TO TREAT MY WELL DOCUMENTED HEALTH COMPLAINTS FOR ALMOST THREE MONTHS NOW. TO RESOLVE, HAVE A.D.C. ASSIST. DIRECTOR WENDEY KELLEY TO CHECK INTO THIS MATTER IMMEDIATELY.

Inmate Signature John H. Williams

Date 8/6/2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: Dr. C. Selvey Date 8/12/13

PRINT STAFF NAME (PROBLEM SOLVER) Dr. C. Selvey ID Number \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date Received \_\_\_\_\_

Describe action taken to resolve complaint, including dates: if you are having dental or medical problems, so you can be evaluated by the medical staff. you have been refused to see the dentist

Staff Signature & Date Returned: C. Selvey 8/12/13 SEP 24 2013 Inmate Signature & Date Received: John Williams 8/12/13

This form was received on \_\_\_\_\_ (date) pursuant to Step Two. Is it an Emergency? Yes (Yes or No).

Staff Who Received Step Two Grievance: Dr. C. Selvey Date: 8/14/13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 8/15/13

If forwarded, provide name of person receiving this form: Barb Date: 8/15/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

Exhibit #5

CB2/2/18✓

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03069

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted another grievance complaining that we do not have a full time dentist to provide your needed dental services.

I addressed this same complaint in response to VSM13-2944 and 3042.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay.

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer

09/13/2013

Title

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

**INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE Apologies do NOT "CURE" my medical problems AND I can only TAKE SO MUCH MEDICINE in which is now MESSING UP my Stomach, Kidney AND LIVER.

Exhibit 13

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03069

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On August 6, 2013 you grieved that your unit does not have a dentist and you are not getting treatment for your dental pain.

The medical department responded, "Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth. Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay"

Your appeal states that apologies do not cure your medical problems and you can only take so much pain medication which is now bothering our stomach and kidneys and liver.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed." And "New issues cannot be added to the form and will not be considered."

This issue was addressed in grievance VSM13-3042; please refer to that response.

Director

Date

11/3/13

John H. Williams  
Inmate Signature

93081  
ADC#

9/14/2013  
Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 24 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03070 DATE: 09/27/2013

CB2  
218

Please be advised, the appeal of your grievance dated  
08/12/2013  
was received in my office on this date 09/27/2013

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of VSM13.3069 [REDACTED]

**FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS**

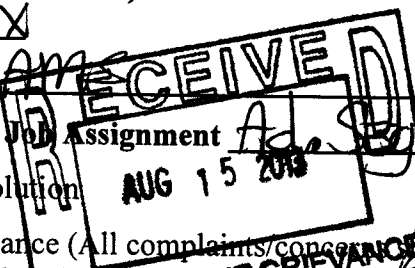


**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center Varner Super Max

Name John Henry Williams

IC# 93081 Brks # 202



FOR OFFICE USE ONLY  
 V. # V5m-13-3070  
 Date Received: 8/15/13  
 V. Code # 600

8/6/13 (Date) STEP ONE: Informal Resolution

8/12/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: NOT BEEN SEEN OR TREATED BY A DENTIST IN OVER A MONTH

8/6/13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: BECAUSE THIS DISEASE HAS SPREAD THROUGH MY ENTIRE BODY, CAUSING ME GREAT PAIN AND DISCOMFORT.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print) CMS/CORIZON IS PURPOSELY DENYING DENTAL SERVICES TO ME BECAUSE UNDER CMS/CORIZON CONTRACT ARTICLE I, DEFINITIONS (1.3) COMPREHENSIVE HEALTH PROGRAM FOR ADP: REFERS TO COMPREHENSIVE, MEDICAL AND DENTAL SERVICES REQUIRED TO PREVENT DETERIORATION OF A PRE-EXISTING MEDICAL/DENTAL condition/illness, maintain an offender's ongoing health status, OR control and prevent the spread of a known disease or diseased condition. UNDER THESE PROVISIONS CMS/CORIZON MEDICAL STAFF HERE AT VARNER IS IN TOTAL VIOLATION BECAUSE I HAVE REPORTED AND BEEN THROUGH THE SICK CALL PROCEDURE FOR MY DENTAL PROBLEMS, WHEREUPON, ABSOLUTELY NO DENTAL SERVICES HAS BEEN PROVIDED TO ME FOR OVER A MONTH. MY TEETH ARE LOOSE, ABSCESSES WITH GUM BOILS AND PERHAPS ARE FULL OF PYORRHEA. MY ENTIRE BODY HURTS CONCERNING THIS ILLNESS, THEREFORE, THIS ILLNESS HAS SPREAD. TO SOLVE: TRANSFER ME TO A UNIT THAT HAS A DENTIST IMMEDIATELY.

Inmate Signature John H. Williams

Date 8/16/2013

RECEIVED BY UNIT DIRECTOR  
 ARKANSAS DEPARTMENT  
 OF CORRECTION

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or Designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: [Signature]

PROB. STAFF NAME (PROBLEM SOLVER) [Signature] ID Number [Signature] Staff Signature [Signature] Date Received 8/12/13

Describe action taken to resolve complaint, including dates: you have been refused to see the dentist, but you are having dental pain please submit a sick call request so you can be evaluated by medical staff.

Staff Signature & Date Returned [Signature] Inmate Signature & Date Received 8/12/13

This form was received **FAILURE TO FOLLOW** (date) pursuant to Step Two. Is it an Emergency? Yes (Yes or No). Staff Who Received [Signature] Date: 8/14/13

Action Taken: A REJECTION FOR THIS (Forwarded to Grievance Officer/Warden/Other) Date: 8/15/13

If forwarded, provide name of person receiving this form: [Signature] Date: 8/15/13

**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

CB2/218

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.ADC #: 093081BGRIEVANCE #: VSM13-03070

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) Duplicate of VSM13-2944, 3042 and 3069.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen last week but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Dentists from other units are seeing our inmates as time permits. Due to the delays, VSM13-3042 is with merit, VSM13-2944 is without merit because it is a duplicate. I apologize for the delay.

FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer

Title

09/13/2013

Date

RECEIVED BY UNIT DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

## INMATE'S APPEAL

SEP 24 2013

If you are not satisfied with this response, you may appeal this decision within five working days by the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE CORIZON STILL  
HAVE NOT TREATED ME for my medical problem. And  
my medical problem is not going to just MAGICALLY  
DISAPPEAR. And the longer the delay, the more  
my medical problem SPREADS throughout my  
Mouth And Body. And THAT IS A VIOLATION OF ADC/  
DCP/ CORIZON CONTRACT.

John H. Williams  
Inmate Signature

93081  
ADC#

9/14/2013  
Date

FAILURE TO FOLLOW  
POLICY HAS RESULTED IN  
A REJECTION FOR THIS  
APPEAL AND MARKS THE END  
OF THE APPEAL PROCESS

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 24 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03144 DATE: 09/26/2013

CBZ  
218

Please be advised, the appeal of your grievance dated  
08/15/2013  
was received in my office on this date 09/26/2013

**You will receive communication from this office regarding this Grievance by 11/07/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VAPER SUPER MAX

Name John Henry Williams

ADC# 93081 Brks # 202 Job Assignment Ad. Seg.

FOR OFFICE USE ONLY  
 GRV # 15m-13-314  
 Date Received: 8/21/13  
 GRV. Code #: 6020

8/13/13 (Date) STEP ONE: Informal Resolution

8/15/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I STILL HAVE NOT SEEN A DENTIST.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical/Mental Health Services? YES If yes, circle one medical or mental **BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): WARDEN CORIZON CONTRACT, ARTICLE VII, TERMS AND CONDITIONS (7.8 (A) & (B), PERSONNEL REQUIREMENTS.

BEFORE THE MINIMUM STAFFING COMMITMENT OF MAN-HOUR BY AND FOR DESIGNATED JOB CATEGORIES, WHICH IS TO BE PROVIDED BY CORIZON. ADC/DCP EXPECTS CORIZON TO PROVIDE SUFFICIENT QUALIFIED PERSONNEL TO ACCOMMODATE, AT MINIMUM, THE DESIGNATED JOB CATEGORIES AND SPECIFIED MAN-HOUR REQUIREMENTS FOR EACH CATEGORY AND PROVIDE SERVICES THAT MEET APPLICABLE ACA AND/OR MCCHC STANDARDS. ADC/DCP SHALL EXPECT CORIZON TO MAINTAIN, AT MINIMUM, THIS STAFF GADRE THROUGHOUT THE TERM OF THIS CONTRACT AND TO FILL ANY VACANT POSITIONS WITHIN (30) CALENDAR DAYS OF VACANCY. UNDER THESE PROVISIONS MS. DEBRAH YORK IS IN TOTAL VIOLATION BECAUSE THERE IS NO DENTIST ON STAFF HERE AT VAPER/ISM FOR OVER (30) DAYS NOW AND AS CORIZON MANAGER, IT IS MS. YORK'S RESPONSIBILITY TO ENSURE SUFFICIENT QUALIFIED PERSONNEL EMPLOYEES TO ACCOMMODATE, AT MINIMUM, THE DESIGNATED JOB CATEGORIES IN SPECIFIED AREAS.

Inmate Signature John H. Williams

Date 8/13/2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance of the person in that department receiving this form: (Yes or No) (Yes) If yes, name Sgt K. Camille 80812 Sgt H. C. Eke 8/14/13

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: You are scheduled to be seen in dental this week.

Staff Signature & Date Returned: 8/15/13

RECEIVED-DEPUTY WARDEN  
 ARIZONA DEPARTMENT  
 OF CORRECTION

Inmate Signature & Date Received: John H. Williams 8/15/13

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to \_\_\_\_\_ Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: D. K. P. A. Date: 8/21/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.



IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.ADC #: 093081BGRIEVANCE #: VSM13-03144

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted two more grievances related to the delayed completion of your dental clinic referral. You state Corizon is violating ACA and NCCHC standards by not having a full time dentist on staff.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen the first week of September but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Corizon is looking for a full time dentist for this site. At this time, dentists from other units are seeing our inmates as time permits. Due to the delays, your grievances are with merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer09/18/2013

Title

Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision on the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE MY ENTIRE  
body is in pain BECAUSE OF THE UNABSTRACTED  
Teeths still in my mouth. HAVE ME  
Transfer Immediately from VARNER TO  
ANOTHER A.D.C. UNIT THAT HAS A DENTIST.

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03144

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

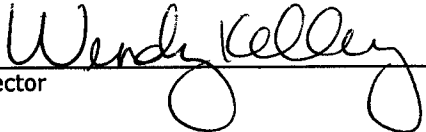
On August 13, 2013, you grieved that Corizon is violating ACA and NCCHC standards by not having a full time dentist on staff.

The medical department responded, "Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen the first week of September but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth. Corizon is looking for a full time dentist for this site. At this time, dentists from other units are seeing our inmates as time permits. Due to the delays, your grievances are with merit."

Your appeal states that your body is in pain due to the fact that you have teeth that needed to be extracted and you request to be transferred to another unit that has a dentist.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed." And "New issues cannot be added to the form and will not be considered."

This issue was addressed in grievance VSM13-3042; please refer to that response.

  
Director

11/3/13  
Date



John H. Williams  
Inmate Signature

93081  
ADC#

9/20/2013  
Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 24 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03145 DATE: 09/24/2013

Please be advised, the appeal of your grievance dated  
08/15/2013  
was received in my office on this date 09/24/2013

**You will receive communication from this office regarding this Grievance by 11/05/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name John Henry Williams

IC# 93081 Brks # 202 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY

GRV. VSM-13-345 (M)

Date Received 8/21/13

GRV. Code #: 600

13 AUG 14 AM 5:10

13 AUG 17 AM 11:05

8/13/13 (Date) STEP ONE: Informal Resolution

8/15/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE COLIZON'S STAFF ARE FABRICATING THE FACTS

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm. Emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental **BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

VARNER UNIT GRIEVANCE  
YORK HERE AT VARNER SUPER MAX UNDER CMS/COLIZON  
CONTRACT ARTICLE 1, DEFINITIONS (1.10) QUALITY IMPROVEMENT  
PROGRAM: REFERS TO THAT MANAGEMENT PROCESS WHICH ENSURES THE  
QUALITY AND CONSISTENCY OF DELIVERED HEALTH SERVICES THROUGH  
PERIODIC REVIEW OF PATIENT CHARTS AND ONGOING MONITORING OF  
CLINICAL SERVICES. THE PROGRAM INCLUDES THE APPLICATION OF  
OBJECTIVE ASSESSMENT TECHNIQUES TO DETERMINE THE  
CAUSE AND SCOPE OF AN IDENTIFIED PROBLEM OR CONCERN;  
ASSESSMENT MAY BE MADE PROSPECTIVELY, CONCURRENTLY,  
OR RETROSPECTIVELY USING CLINICAL VALID CRITERIA. UNDER  
THESE PROVISIONS, CMS/COLIZON MANAGER DEBORAH YORK IS IN  
TOTAL VIOLATION OF SIMPLY BECAUSE SHE IS NOT ENSURING A PROCESS,  
WHEREBY, RENDERS QUALITY AND CONSISTENCY OF DELIVERED HEALTH  
SERVICES BECAUSE SHE DOES NOT PERIODIC REVIEW PATIENTS CHARTS,  
MONITOR AND MANAGE ONGOING CLINICAL SERVICES NOR KEEP ENOUGH MEDICAL STAFF  
ON STAFF IN ORDER TO PROVIDE MEDICAL TREATMENT TO ME. 8/13/2013

Inmate Signature John H. Williams

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance \_\_\_\_\_ (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: Dupke

Sgt. Carmickle 80812 Sgt. H. C. Date 8/14/13

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature

Describe action taken to resolve complaint, including dates: The unit does have a quality improvement process in effect.

RECEIVED-UNIT LEVEL GRIEVANCE  
ARKANSAS DEPARTMENT  
OF CORRECTION

Sgt. Carmickle 8/13/13 John H. Williams 8/15/13

Staff Signature & Date/Returned SEP 24 2013 Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: Dupke Date: 8/21/13

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

CB2  
218

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03145

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted two more grievances related to the delayed completion of your dental clinic referral. You state Corizon is violating ACA and NCCHC standards by not having a full time dentist on staff.

Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen the first week of September but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth.

Corizon is looking for a full time dentist for this site. At this time, dentists from other units are seeing our inmates as time permits. Due to the delays, your grievances are with merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grievance Officer

Title

09/18/2013

RECEIVED DEPUTY DIRECTOR  
DATA ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 24 2013

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days of the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE THE PAIN PILLS  
ONLY TEMPORARILY COVER UP THE PAIN, BUT IT DOES NOT  
"CURE" MY DENTAL PROBLEMS. MY STOMACH IS STARTING  
TO SWELL UP SEVERELY FOR TAKING THE PAIN PILLS.  
MS. KELLEY, CAN YOU DO SOMETHING "IMMEDIATELY"  
TO HELP ME ???

Exhibit #8

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03145

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On August 13, 2013, you grieved that Ms. York has failed to ensure the unit is fully staffed and you are still without dental treatment.

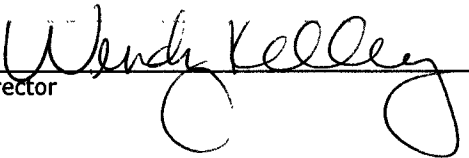
The medical department responded, "Per Ms. Ludlam, Dental Assistant, you were scheduled to be seen the first week of September but your visit was not completed, due to security issues, your name is still on the Dental Sick Call List. August 14, 2013, you were ordered Tylenol 500mg three times daily as needed and Meloxicam 15mg once daily both for five months for pain control. Please submit a sick call request if any swelling or redness appears so that the nurse can re-assess the condition of your mouth. Corizon is looking for a full time dentist for this site. At this time, dentists from other units are seeing our inmates as time permits. Due to the delays, your grievances are with merit. "

Your appeal states that the pain pills only temporarily cover up the pain; they do not cure your dental problems.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed." And "New issues cannot be added to the form and will not be considered."

This issue was addressed in grievance VSM13-3042; please refer to that response.

Director



Date

11/3/13

John H. Williams  
Inmate Signature

93081  
ADC#

9/20/2013  
Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

SEP 24 2013

HEALTH & CORRECTIONAL PROGRAMS



IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03234 DATE: 10/01/2013

Please be advised, the appeal of your grievance dated  
08/23/2013  
was received in my office on this date 10/01/2013

**You will receive communication from this office regarding this Grievance by 11/13/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner Super MAX

Name John Henry Williams

IC# 9308 Brks # 202 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV #	<u>VSM-13-3284</u>
Date Received	<u>8/26/13</u>
GRV. Code #:	<u>600</u>

8/13/13 (Date) STEP ONE: Informal Resolution

8/23/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE I AM NOT BEING PROVIDED MEDICAL TREATMENT FOR MY DENTAL PROBLEMS.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm. Emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: VSM TREATMENT OFFICE

RECEIVED  
AUG 26 2013

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental **BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were harmed (Print):

On 8/13/2013 while attending the "Eye Clinic" at Colizon Varner Unit, I briefly communicated with the manager Deborah York clearly displaying to Ms. York the condition of my dental problem. Ms. York responded that my teeth are in serious bad condition and she bet that they (my teeth) must cause me great pain and discomfort. And for me to place in another sick call slip. I inform Ms. York that I had already been through the sick call procedure on 7/1/2013 and I also just turn in another sick call slip in order to be seen again, but to no avail. Colizon Medical Staff has not provided me with any form of medical treatments such as pills for pain nor a dentist since I first brought my medical problem concerning my teeth on 7/1/2013 to Colizon staff attention. To save or resolve, Colizon staff should quit fabricating about there gone medical treatment of my dental problems and simply transfer me to another A.D.C. unit or outside party who can provide me with dental care IMMEDIATELY. John H. Williams Date 8/20/2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date 8/23/13

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature

Describe action taken to resolve complaint, including dates: You are scheduled to see a dentist but we currently do not have one. You are on Tylenol and Meloxam for pain. Date Received 8/23/2013

Staff Signature & Date Returned 8/23/13 Inmate Signature & Date Received John H. Williams 8/23/13

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No). Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: Duke DBC Date: 8/26/13

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two.

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03234

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

cbx/218

(620) Your concern: white) On 8/13/2013 while attending the 'eye clinic' at Corizon Varner unit, I briefly communicated with the manager Deborah York clearly displaying to Ms York the condition of my dental problem. Ms York responded that my tooth is in serious bad condition and she bet that they (my teeth) must cause me great pain and discomfort and for me to place in another sick call slip. I inform Ms York that I had already been through the sick call procedure on 7/1/2013 and I also just turn in another sick call slip in order to be seen again, but to no avail. Corizon medical staff has not provided me with any form of medical treatment such as pills for pain nor a dentist since I first brought my medical problem concerning my tooth on 7/1/2013 to Corizon staff attention. To solve or resolve: Corizon staff should quit fabricating about their one medical treatment of my dental problems and simply transfer me to another ADC unit or outside party who can provide me with dental care

Response: Your grievance dated 8/23/13 and was received 8/26/13 and a review of your medical record was completed to determine medically necessary care has been provided.

You were seen on 7/1/13 for complaint of toothache and you were scheduled with the dentist. You are correct that you have not seen a dentist at this time but you do remain on the dental list.

We are using a dentist from another site two times a month and hopefully you will be seen soon. I apologize for the delay.

I find this grievance with merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Deborah Louise York

09/25/2013

Title

Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

INMATE'S APPEAL

OCT 1 2013

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE CORIZON MANAGER  
DEBORAH YORK LIED CONCERNING NOT HAVING A DENTIST  
AND I HAVE NOT BEEN TRANSFER TO ANOTHER  
A.D.C. UNIT.

Exhibit #9

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03234

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On August 20, 2013, you grieved that you spoke with Ms. York concerning your dental needs, and she informed you to place a sick call request. You also state that you have not been given treatment for your dental needs. You also requested to be transferred.

The medical department responded, "You were seen on 7/1/13 for complaint of toothache and you were scheduled with the dentist. You are correct that you have not seen a dentist at this time but you do remain on the dental list. We are using a dentist from another site two times a month and hopefully you will be seen soon. I apologize for the delay. I find this grievance with merit."

Your appeal states that Ms. York lied concerning not having a Dentist, and you have yet to be transferred to another ADC unit.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed." And "New issues cannot be added to the form and will not be considered."

This issue was addressed in grievance VSM13-3042; please refer to that response.

Director

Date

11/3/13

John H. Williams

Inmate Signature

93081

ADC#

9/27/2013

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

OCT 1 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03233 DATE: 10/01/2013

CB2  
218

Please be advised, the appeal of your grievance dated  
08/23/2013  
was received in my office on this date 10/01/2013

**You will receive communication from this office regarding this Grievance by 11/13/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAX

Name John Henry Williams

IC# 93081 Brks # 202 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY  
GRV. # 15M-13-3233  
Date Received: 8/26/13  
GRV. Code #: 600

8/20/13 (Date) STEP ONE: Informal Resolution

8/23/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why BECAUSE I AM HURTING VERY SINCERELY, I NEED TO SEE A DENTIST.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Corizon Varner is "deliberately" trying to cover up the fact that there has not been a dentist on staff for over a month now. Therefore Corizon is being purposely and deliberately denying me medical treatment by knowingly knowing that they don't have a dentist employed in order to treat my ongoing dental problems. Because of me being a ward of the great state of Arkansas, Corizon is under contract there in. Corizon is obligated and mandated by said contract to provide me with prompt medical treatment as my medical problems come into existence. Corizon's manager Deborah York is therefore to suppose to train Corizon medical staff here at Varner to fabricate this serious issues concerning said staff being under staff. To solve or resolve. Discipline Corizon manager Deborah York and all Corizon medical staff here at Varner who are participating in this kind of wrong doing by terminating them immediately.

John H. Williams  
Inmate Signature

8/20/2013  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) John Selva ID Number 1008 Staff Signature [Signature] Date Received 8/23/13

Describe action taken to resolve complaint, including dates: You are scheduled to see dental but we currently do not have a dentist.

[Signature] 8/23/13  
Staff Signature & Date Returned

John Williams 8/23/13  
Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: [Signature] Date: 8/26/13

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03233

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

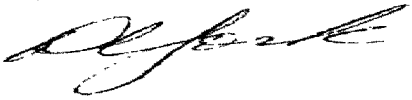
(620) Your concern: white) Corizon Varner is "deliberately" trying to cover up the "fact" that, there has not been a dentist on staff for over a month now therefore, Corizon is being purpose and deliberately denying me medical treatment by knowingly that they don't have a dentist employed in order to treat my ongoing dental problems. Because of my being a ward of the great state of Arkansas, Corizon is under contract therein, Corizon is obligated and mandated by said contract to provide me with promat medical treatment as my medical problems come into existence. Corizon manager Deborah York is therefore not suppose to train Corizon medical staff here at Varner to fabricate the serious issue concerning said staff being under staff. To solve or resolve: Discipline Corizon manager Deborah York and all Corizon medical staff here at Varner who are participating in this kind of wrong doings by terminating them immediately.

Response: Your grievance dated 8/23/13 was received on 8/26/13 and a review of your medical record was completed to determine if medically necessary care has been provided.

You were seen on 7/1/13 for complaint of toothache and placed on the dental list at this time. You are correct that you have not seen a dentist at this time but you do remain on the list.

We are using a dentist from another site 2 times a month and hopefully you will be seen soon.

I find this grievance with merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Deborah Louise York

Title

09/25/2013

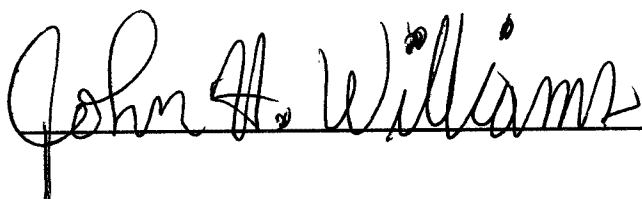
Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE GRIEVANCE  
Medical Clerk C. SELVEY And Corizon Manager  
Deborah York deliberately ~~tried~~ TIED TO COVER  
THE "FACT" THAT Corizon is "Under Staffed."



93081

9/27/2013

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03233

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

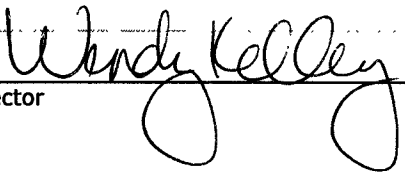
On August 20, 2013 you grieved that the medical department was deliberately trying to cover up the fact the that your unit has not had a dentist in over a month. You state you have not been treated for your dental problems. Corizon is obligated to treat your medical conditions as they occur. You request staff to be terminated.

The medical department responded, "You were seen on 7/1/13 for complaint of toothache and placed on the dental list at this time. You are correct that you have not seen a dentist at this time but you do remain on the list. We are using a dentist from another site 2 times a month and hopefully you will be seen soon. I find this grievance with merit.

Your appeal states that Grievance medical clerk C. Selvey and Corizon Manager Deborah York deliberately tried to cover the fact that Corizon is under staffed.

The dentist saw you on September 26; please refer to the response for grievance # VSM13-3042.

There is no evidence to support our allegations of a cover up. In fact the medical department's response acknowledges the vacant dental position and found your grievance with merit; therefore; I find this appeal without merit.

  
\_\_\_\_\_  
Director

11/3/13  
\_\_\_\_\_  
Date

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03421 DATE: 10/23/2013

Please be advised, the appeal of your grievance dated  
09/04/2013  
was received in my office on this date 10/23/2013

**You will receive communication from this office regarding this Grievance by 12/09/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious



## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER SUPER MAXName John Henry WilliamsDC# 93081Brks # 218Job Assignment Ad. Sec.

FOR OFFICE USE ONLY

GRV # 15m-13-3421Date Received: 7/6/13GRV. Code #: 606(Date) STEP ONE: Informal Resolution 8/28/13(Date) STEP TWO: Formal Grievance 9/4/13 (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: BECAUSE COLIZON GRIEVANCE CLERK MRS. SELVA IS NOT ADDRESSING THE ISSUE.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 8/21/2013, I forwarded to VARNER SENIOR WARDEN RANDAL WATSON A NOTARIZED SWEEN AFFIDAVIT CLEARLY MAKING HIM AWARE THAT COLIZON MEDICAL SERVICES DON'T HAVE A DENTIST ON STAFF HERE AT VARNER, AND I HAVE EXTREME DENTAL PROBLEMS THAT I HAVE REPORTED AND BEEN THROUGH THE SICK CALL PROCEDURES FOR; BUT I HAVE NOT BEEN SEEN NOR TREATED FOR MY DENTAL PROBLEMS SINCE 7/1/2013. ALSO, I HAVE REQUESTED TO BE TRANSFERRED TO ANOTHER A.D.C. UNIT WHO HAVE A DENTIST ON STAFF TO TREAT MY MEDICAL NEEDS, BUT TO NO AVAIL. UNDER APC/DCP/COLIZON CONTRACT, ARTICLE IV, DUTIES AND OBLIGATIONS OF APC/DCP (C). APC/DCP shall provide non-emergency transportation of APC/DCP offenders to care providers both within and outside APC/DCP facility confines. THEREFORE, UNDER THIS PROVISION WARDEN RANDAL WATSON IS IN TOTAL VIOLATION BECAUSE ALL HE HAS TO DO IS TRANSFER ME TO ANOTHER A.D.C./DCP UNIT THAT HAS A DENTIST IN ORDER TO PROVIDE ME WITH MEDICAL TREATMENT IMMEDIATELY FOR MY EXTREME DENTAL PROBLEMS.

Inmate Signature John H. WilliamsDate 8/30/2013

OCT 22 2013

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? Yes (Yes or No). If yes, name of the person in that department receiving this form: VARNER UNITPRINT STAFF NAME (PROBLEM SOLVER) Sgt. m. heady

ID Number \_\_\_\_\_

Staff Signature G. SelogurDate 9-3-13Date Received 08/30/13Describe action taken to resolve complaint, including dates: You were seen in sick call for dental on 8/23/13. You were given Ibuprofen for your dental pain.Staff Signature & Date Returned G. Selogur 9/4/13Inmate Signature & Date Received John H. Williams 9/4/13

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: APR 2013 Date: 9/6/13

DISTRIBUTION: YELLOW &amp; PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03421

CB2/218

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) Your concern: white/pink) On 8/21/13 I forwarded to Varner Senior Warden Randal Watson a notarized sworn affidavit clearly making him aware that Corizon medical service don't have a dentist on staff here at Varner and I have extreme dental problems that I have reported and been through the sick call procedure for; but I have not been seen not treated for my dental problems since 7/1/2013. Also I have requested to be transferred to another ADC Unit who have a dentist on staff to treat my medical needs, but to no avail, Under ADC/DCP/ Corizon contract, article IV. Obligations of ADC/DCP offenders to care providers both within and outside AD/DCP facility confines. therefore under this pevision Warden Randal Watson is in total violation because all he has to do is transfer me to another ADC/DCP unit that had a dentist in order to provide me with medical treatment immediately for my extreme dental problems.

Response: Your grievance dated 9/4/13 was received on 9/6/13 an a review of your medical record was completed to determine if medically necessary care has been provided as deemed necessary by a dentist.

You were seen on 7/1/13 by Nurse Gray for teeth pain and referred to the dentist You remained on the list until you were seen on 9/26/13 by Dr. Russell and he pulled your teeth. This is a delay of more than two months and I apologize for that.

I find your grievance with merit but resolved.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Deborah Louise York

10/04/2013

Title

Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE WARDEN WATSON  
ALLOW ME TO CONSTANTLY SUFFER GREAT PAIN AND  
DISCOMFORT UNNECESSARILY, WHEN HE COULD  
SIMPLY HAD ME TRANSFER TO ANOTHER ADC UNIT  
WITH A DENTIST THAT COULD HAVE STOP THE PAIN  
THAT I HAD TO ENDURE FOR OVER TWO MONTHS

John H. Williams  
Inmate Signature

93081  
ADC#

10/16/2013  
Date



Exhibit # 12

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03421

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On August 30, 2013, you grieved that the Varner unit does not have a dentist; you have not been treated for your dental needs. Warden Watson is in violation because he will not transfer you to a unit with a dentist.

The medical department responded, "You were seen on 7/1/13 by Nurse Gray for teeth pain and referred to the dentist. You remained on the list until you were seen on 9/26/13 by Dr. Russell and he pulled your teeth. This is a delay of more than two months and I apologize for that. I find your grievance with merit but resolved."

Your appeal states Warden Watson allows you to be in constant pain and suffering unnecessarily when he could transfer you to another unit that has a dentist.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed."

This issue was addressed in grievance VSM13-3042; please refer to that response.

  
Director

11/3/13  
Date

Exhibit #41

AFFIDAVIT

STATE OF ARKANSAS

COUNTY OF

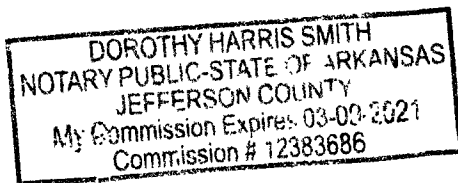
Lincoln

John Henry Williams #93081

do hereby swear, depose and state that: I have forwarded a copy of this Affidavit

to Varner Senior Warden Randal Watson clearly making him aware that there has not been on Corizon staff a dentist for over a month. I have extreme dental issues in which I have reported and been through the sick call procedure. I have not been provided any dental care for my problems and I am in a great deal of pain and discomfort. Could you correct this problem immediately by having me provided dental services at another A.D.C. unit.

I further swear that the description of the incident contained herein, is a true, accurate and impartial description to the best of my knowledge, information and belief.



NAME: John H. Williams

DATE: 8/21/2013

John H. Williams #93081

SIGNATURE

Subscribed and sworn to before me this 21 day of August, 2013

Dorothy Harris Smith  
Notary Public

STATE OF ARKANSAS

800-4

COUNTY OF

Lincoln

AFFIDAVITI, John Henry Williams

after first being duly sworn, do hereby swear, depose

and state that:

I am forwarding a copy of this Affidavit to  
VARNER Deputy Assist. Warden MOSES JACKSON  
clearly making him aware that there has not been  
a dentist on staff here at VARNER Prison  
for over a month. I have extreme dental issues  
in which needs immediate care. I have  
been through the sick call procedure but I  
have not been seen nor treated by a  
dentist for over a month. And my dental  
problems are spreading throughout my entire  
mouth. PLEASE CORRECT THIS MATTER.

I further swear that the statements, matters and things contained herein are true and accurate to

the best of my knowledge, information and belief.

8/21/2013

DATE

John H. Williams #93081

AFFIANT

430-17-1063

SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 21 day of August, 2013.

NOTARY PUBLIC

My Commission Expires:

3/21

DOROTHY HARRIS SMITH  
NOTARY PUBLIC-STATE OF ARKANSAS  
JEFFERSON COUNTY  
My Commission Expires 03-03-2021  
Commission # 12383686

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03422 DATE: 10/23/2013

Please be advised, the appeal of your grievance dated  
09/04/2013  
was received in my office on this date 10/23/2013

**You will receive communication from this office regarding this Grievance by 12/09/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

UNIT LEVEL GRIEVANCE FORM (Attachment 1)

Unit/Center Varner Super Max

Name John Henry Williams

DC# 9208

Brks # 218

Job Assignment Ad. Sec.

FOR OFFICE USE ONLY  
RV # 15m-13-34/22  
Date Received: 9/6/13  
RV. Code #: 600



8/30/13 (Date) STEP ONE: Informal Resolution

9/4/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE COLIZON GRIEVANCE CLERK MS. SELVA IS NOT ADDRESSING THE MEDICAL ISSUE.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm/emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

BRIEFLY state your complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 8/21/2013, I forwarded to Deputy Assist. Warden Moses Jackson a signed sworn affidavit clearly making him aware that Colizon Medical Services do not have a dentist on staff here at Varner, and I have extreme dental problems that I have reported and been through the sick call procedure for, but I have not been seen nor treated for my dental problems since 7/4/2013. Also, I have requested to be transferred to another A.D.C./DCP unit which have a dentist on staff to treat my medical needs, but to no avail. Under A.D.C./DCP Contract Article IV, Obligations and Duties of A.D.C./DCP, A.D.C./DCP shall provide non-emergency transportation of A.D.C./DCP prisoners to health care providers, both within and outside A.D.C./DCP facility confines. Therefore, under this provision Deputy Assist. Warden Moses Jackson is in total violation because all he has to do is transfer me to another A.D.C./DCP unit that has a dentist in order to provide me with medical treatment immediately for my extreme dental problems.

John H. Williams  
Inmate Signature

8/30/2013  
Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? YES If yes, name of the person in that department receiving this form: Celvin Date 9/3/13

PRINT STAFF NAME (PROBLEM SOLVER) Sgt M. Ward ID Number 79 Staff Signature [Signature] Date Received 9/3/13

Describe action taken to resolve complaint, including dates: You were seen in sick call on 8/23/13 for dental and given ibuprofen.

Celvin 5/4/13  
Staff Signature & Date Returned

John H. Williams 9/4/13  
Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: [Signature] Date: 9/6/13

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.



cb2 / gls

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03422

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) Your concern: white) On 8/21/13, I forwarded to deputy Assist Warden Moses Jackson a notarized sworn affidavit clearly making him aware that Corizon medical services don't have a dentist on staff here at Varner, and I have extreme dental problem that I have reported and been through the sick call procedure for; but I have requested to be transferred to another ADC/DCP unit who have dentist on staff top treat my medical needs, but to no avail. Under ADC/DCP/ Corizon contract, article IV Obligations and duties of ADC/DCP, (C):ADC/DCP shall provide non emergency transportation of ADC/DCP offenders to health care providers, both within and outside ADC/DCP facility confines. Therefore, under this provision Deputy Assist Warden Moses Jackson is in total violation because all he has to do is transfer me to another ADC/DCP unit that has a dentist in order to provide me with medical treatment immediately for my extreme dental problems.

Response: Your grievance dated 9/4/13 was received on 9/6/13 and a review of your medical record was completed to determine if medically necessary care has been provided to you by the dental provider.

You were seen in sick call on 7/1/13 by Nurse Gray who referred you to the dentist. You remained on the list until you saw Dr. Russell on 9/26/13 who pulled your teeth. This is more than a two month delay which I apologize for.

I find your grievance with merit but resolved.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Deborah Louise York

10/04/2013

Title

Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE ASSIST. WARDEN JACKSON ALLOW ME TO CONSTANTLY SUFFER GREAT PAIN AND DISCOMFORT UNNECESSARILY, WHEN HE COULD SIMPLY HAD ME TRANSFER TO ANOTHER A.D.C. UNIT WITH A DENTIST THAT COULD HAVE STOP THE PAIN THAT I HAD TO ENDURE FOR OVER TWO MONTHS.

John H. Williams

Inmate Signature

93081

ADC#

10/6/2013

Date



IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03422

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On August 30, 2013, you grieved that the Varner unit does not have a dentist; and that you have not been treated for your dental needs. Assistant Warden Jackson is in violation because he will not transfer you to a unit with a dentist.

The medical department responded, "You were seen in sick call on 7/1/13 by Nurse Gray who referred you to the dentist. You remained on the list until you saw Dr. Russell on 9/26/13 who pulled your teeth. This is more than a two month delay which I apologize for. I find your grievance with merit but resolved."

Your appeal states that Assistant Warden Jackson allows you to be in constant pain and suffering by not transferring you to another unit that has a dentist. You have endured two months of suffering.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed."

This issue was addressed in grievance VSM13-3042; please refer to that response.

Director

Date

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03637 DATE: 10/23/2013

CB 2  
218

Please be advised, the appeal of your grievance dated  
09/13/2013  
was received in my office on this date 10/23/2013

**You will receive communication from this office regarding this Grievance by 12/09/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center VARNER SUPER MAX

Name John Henry Williams

DC# 93081 Brks # 218 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV	<u>VSM-13-3637</u>
Date Received	<u>9/18/13</u>
GRV. Code #	<u>620</u>

9/11/13 (Date) STEP ONE: Informal Resolution

9/13/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE VARNER ADMINISTRATIVE AND CORIZON WILL NOT TRANSFER ME BECAUSE OF COST CONTAINMENT.

9/11/13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: BECAUSE CORIZON ALONE WITH VARNER ADMINISTRATIVE IS PURPOSELY ALLOWING ME TO SUFFER GREAT PAIN AND DISCOMFORT.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: (medical) or (mental)

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 8/30/2013 my DENTAL PROBLEMS HAD BECOME SO EXTREME THAT I HAD TO TAKE SEVEN (7) THUPROFEN PAIN PILLS TWO HUNDRED MG. A PIECE IN ORDER TO DULL & NUMB THE PAIN, WHICH ALLOW ME TO PERSONALLY ABSTRACT/PULL ONE OF MY FRONT TOOTH. ON 9/15/2013 WHILE ASLEEP, I AWAKENED ABRUPTLY IN GREAT PAIN AND DISCOMFORT, I WENT TO THE PHILLOE IN MY CELL AND LOOK INTO IT, AND MY UPPER LIP AND FACIAL AREA WAS SWOLLEN. I APPLIED A LOT OF TISSUE INTO THE AREA IN MY MOUTH WHERE I HAD JUST ABSTRACTED ONE OF MY TOOTH AND TOOK SEVEN (7) MORE THUPROFEN PAIN PILLS. THEN I ABSTRACTED A SECOND TOOTH FROM THE FRONT OF MY MOUTH. I PLACED IN A EMERGENCY SICK CALL IN TO VARNER CORIZON FOR DENTAL TREATMENT. ON 9/9/2013 NURSE GREY CAME TO MY CELL TOOK MY BLOOD PRESSURE, TEMPERATURE AND REQUESTED OF ME TO SHOW HER THE TWO TOOTH THAT I PERSONALLY ABSTRACTED FROM MY MOUTH AND FOR ME TO OPEN MY MOUTH WHY SHE COULD WITNESS MY CLAIMS, WHICH I SHOWED NURSE GREY MY TWO TOOTH AND ALLOW HER TO LOOK INTO MY MOUTH. NURSE GREY INFORM ME THAT CORIZON STILL DO IT

WAS A DENTIST AND THAT THAT IS A CRYING SHAME.

Inmate Signature John H. Williams Date 9/11/13

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance.

(Yes or No) This form was forwarded to medical or mental health? Yes If yes, name of the person in that department receiving this form: Sgt W. McCormick Date 9/11/13

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: We are scheduled to see dental. and you were not instructed to pull your own teeth.

Staff Signature & Date Returned John Williams 9/13/2013

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Who received Step Two Grievance: Sgt W. McCormick Date: 9/16/13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 9/18/13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** - Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to inmate on completion of Step One and Step Two.

**RECEIVED**

CB2 / 218

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM13-03637

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted a grievance on September 11, 2013, grieving that you pulled two of your own teeth because your discomfort was extreme and Corizon still did not have a dentist to extract your teeth.

I regret the delay completing your dental extractions; however, you were seen by Dr. Russell September 26 and he pulled nine of your teeth. Due to the delay, your grievance had merit but it has been resolved.

*[Signature]*

Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Medical Grv Officer

Title

10/16/2013

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

How can this grievance complaint have merit but yet it has been resolved when no dentist was on staff, and no dentist is on staff here at Varner to administer medical treatment. What about all of the great pain and discomfort that I had to endure and still endure because no dentist is on staff here Varner.

*John Williams*

Inmate Signature

93081

ADC#

10/18/2013

Date

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

OCT 22 2013

HEALTH & CORRECTIONAL PROGRAMS

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03637

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

On September 11, 2013, you grieved that you pulled two of your own teeth because your discomfort was extreme and Corizon still did not have a dentist to extract your teeth.

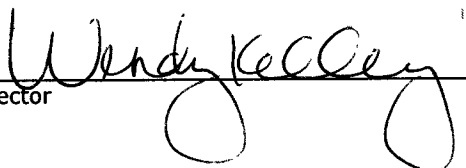
The medical department responded, "I regret the delay completing your dental extractions; however, you were seen by Dr. Russell September 26 and he pulled nine of your teeth. Due to the delay, your grievance had merit but it has been resolved."

Your appeal about all the discomfort and pain you had to endure and still endure because there is no dentist on staff at the Varner Unit to administer medical treatment.

According to policy, "The Unit Level Grievance Form should only address one problem/issue and not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed."

This issue was addressed in grievance VSM13-3042; please refer to that response.

Director



Date

11/3/13

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance VSM13-03633 DATE: 10/23/2013

Please be advised, the appeal of your grievance dated  
09/13/2013  
was received in my office on this date 10/23/2013

**You will receive communication from this office regarding this Grievance by 12/09/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious



UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner Super Max

Name John Henry Williams

IC# 93081 Brks # 218 Job Assignment Ad. Sec.

FOR OFFICE USE ONLY	
GRV #	<u>Var-13-3633</u>
Date Received	<u>9/18/13</u>
GRV Code #	<u>600</u>

9/11/13 (Date) STEP ONE: Informal Resolution

9/13/13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: BECAUSE ALL CORIZON DENTIST PROVIDE FOR DENTAL PROBLEMS, IT ABSTRACT ALL OF TOOTH AND GIVE UPPER/LOWER

9/11/13 (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: BECAUSE CORIZON IS PURPOSELY NOT PROVIDING THESE MEDICAL SERVICES BECAUSE OF COST CONTAINMENT.

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Under ADE/DCP Corizon contract Article II, Scope of Service (2.3); Corizon shall deliver health services to offenders of ADE/DCP which shall be of "equal quality" as that afforded the general populace of the State of Arkansas. Services shall reflect current established professional standards for the practice of medicine, dentistry, and mental health activities. Under these provisions Corizon is in direct violation because all Corizon Dentist do is abstract offenders

tooths until all of offenders tooth are gone. Corizon Dentist does not apply fillings, crowns or partial cosmetic dental care in order to save offenders tooth. Therefore, robbing offenders of their physical appearances by allowing offenders to walk around for two years without any tooth in their mouths. Therefore, offenders can not obtain certain clerical jobs in Administrative and Religious Areas whereupon, Appearances counts to some or lessone. Have Corizon Dentist to provide cosmetic services as equal quality of the general populace of the Great State of Arkansas does.

John H. Williams  
Inmate Signature

9/11/2013  
Date

RECEIVED WEEKLY LIAISON  
ARKANSAS DEPARTMENT  
OF CORRECTION

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Sgt J Carmickle Date: 9/11/13

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: When you are assessed by dentist he makes the judgement of what dental work is needed.

Sgt J Carmickle 9/13/13  
Staff Signature & Date Received

John Williams 9/13/13  
Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: Sgt J Carmickle Date: 9/16/13

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: 9/18/13

If forwarded, provide name of person receiving this form: amely Date: 9/18/13

DISTRIBUTION: YELLOW - PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.

IGTT420 3GH Attachment IV

INMATE NAME: Williams, John H. ADC #: 093081B GRIEVANCE #: VSM13-03633

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(620) You submitted a grievance on September 11, 2013, grieving that Corizon's dental staff does not provide "fillings, crowns nor partial cosmetic dental care in order to save offenders tooth" in an effort to save money for the company.

The Dental Services policy states "ADC Dental Services will provide treatment of dental pain, sedative fillings, extractions of non-restorable teeth, and gross debridement of symptomatic areas. Documentation in the dental record must include a description of the indication for extraction of teeth. In general, extraction is indicated when a tooth cannot be saved, when a destructive process cannot be halted without removing a tooth, or when a tooth or teeth interfere with a planned prosthesis". Cosmetic services and crowns manufactured from non-stainless steel metals are not provided.

The dentist is authorized to determine if/when a tooth extraction is indicated; the decision is not based on saving money. Your grievance is without merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Charlotte D Gardner 10/16/2013  
Title RECEIVED BY DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? BECAUSE CHARLOTTE D. GARDNER HAS NOT EXAMINED MY DENTAL X-RAYS TO RENDER A RESPONSE, ONLY DR. CANADY AND DR. RUSSELL CAN RENDER A CORRECT RESPONSE TO THIS GRIEVANCE BECAUSE THEY ARE DENTISTS.

John H. Williams 93081 10/18/2013  
Inmate Signature ADC# Date

IGTT430  
3GD

Attachment VI

INMATE NAME: Williams, John H.

ADC #: 093081

GRIEVANCE#: VSM13-03633

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

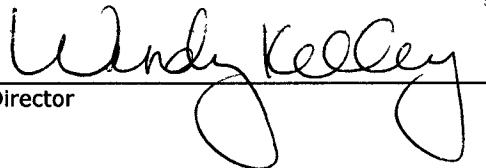
On September 11, 2013, you grieved that Corizon's dental staff does not provide "fillings, crowns nor partial cosmetic dental care in order to save offenders tooth" in an effort to save money for the company.

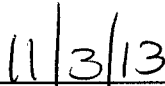
The medical department responded, "The Dental Services policy states "ADC Dental Services will provide treatment of dental pain, sedative fillings, extractions of non-restorable teeth, and gross debridement of symptomatic areas. Documentation in the dental record must include a description of the indication for extraction of teeth. In general, extraction is indicated when a tooth cannot be saved, when a destructive process cannot be halted without removing a tooth, or when a tooth or teeth interfere with a planned prosthesis". Cosmetic services and crowns manufactured from non-stainless steel metals are not provided. The dentist is authorized to determine if/when a tooth extraction is indicated; the decision is not based on saving money. Your grievance is without merit."

Your appeal states that Ms. Gardner has not reviewed your dental x-rays. You feel that only a dentist can give you a correct answer.

Ms. Gardner does not have to be a dentist to quote policy. According to the Dental Services policy cosmetic services are not be provided.

Your appeal is without merit.

  
Director

  
Date

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Williams, John H. ADC #: 093081B  
FROM: Griffin, Rory L TITLE: Dep Dir for Hlth and Corr Svc  
RE: Receipt of Grievance VSM14-00373 DATE: 03/20/2014

Please be advised, the appeal of your grievance dated 01/27/2014  
was received in my office on this date 03/20/2014

**Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:**

- ☒ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
  - ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
  - ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious



*Photo Copy of Yellow Copy (Pink Copy not legible)*  
**UNIT LEVEL GRIEVANCE FORM (Attachment I)**  
 Unit/Center VARNER SUPER MAX Exhibit # 225  
 Na John Henry Williams  
 ADC# 92081 Brks # 218 Job Assignment Ad. Sec.  
 FOR OFFICE USE ONLY  
 GRV. # VSM14-00393  
 Date Received: 01-27-14  
 GRV. Code #: 600

**COPY**  
 (Date) STEP ONE: Informal Resolution  
 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
 If the issue was not resolved during Step One, state why: PLEASE OF UNDER TAKING MY  
AND TAKING OF MY DENTAL PROBLEM NOT ME ALL OF MY UPPER TOOTH.  
 (Date) EMERGENCY-GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? YES If yes, circle one: medical or mental  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): From 7/1/2013 TO 9/26/2013 ADJ. C. I. ECT-  
KAY HOBBS, ROY GUTHRIE, LARRY WILLY AND WENDY KELLEY, WARDEN, RANAL WATSON,  
JOE MEINER AND MORE JACKSON, CPT. STEPHEN, CPT. L. MADIE MAJO, MEDICAL  
IDEA, MAJOR MAURICE CULHANE, CPT. COLEMAN, TAYLOR, DEBOAH YORK, CHARLETTE  
ARCHER, C. SENEY, S. KUDLAM, AMANDA GAY, DR. ORRIGO JKO, MURDER KELLY  
WELDER DENIED THE MEDICAL DENTAL CARE BY NOT HAVING A DENTIST  
STAFF HERE AT VARNER/VSM TO PROVIDE ME WITH THOROUGH AND PROPER  
DENTAL CARE FOR MY EXTREME DENTAL PROBLEMS WHICH DELIBERATELY CAUSED  
ME A SERIOUS HARM AND CONSTANT MENTAL ANGUISH AND GREAT PAIN AND  
IT IS NOT THAT I AM SUFFERING BECAUSE I CAN NOT EVER EXPERIENCE  
THE NATURAL FEELING AND ENJOYMENT OF BITTING INTO A JUICY STEAK, APPLE,  
OR ETC. ETC. AGAIN.

TO SOLVE OR RESOLVE: I AM REQUESTING COMPENSATORY DAMAGES OF \$20,000.00  
AND PUNITIVE DAMAGES OF \$20,000.00, INJUNCTION DAMAGES OF \$20,000.00 AND A  
LETTER IMMEDIATELY AWAY FROM VARNER/NSM.  
John H. Williams 1/21/2014

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) \_\_\_\_\_ ID Number \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date Received \_\_\_\_\_  
 Describe action taken to resolve complaint, including dates: \_\_\_\_\_

MAR 12 2014

Staff Signature & Date Returned \_\_\_\_\_ Inmate Signature & Date Received \_\_\_\_\_  
 This form was received on 1-27-14 (date), pursuant to Step Two. Is it an Emergency? No (Yes or No).  
 Staff who Received Step Two Grievance: S. Plummer Date: 1-27-14  
 Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 1-29-14  
 If forwarded, provide name of person receiving this form: Dyke Date: 1-29-14

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**–Grievance Officer; **ORIGINAL**–Given back to Inmate After Completion of Step One and Step Two.

2A

Exhibit # 25

CB2/218

IGTT420  
3GH

Attachment IV

INMATE NAME: Williams, John H.

ADC #: 093081B

GRIEVANCE #: VSM14-00373

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(621) You are concerned about the length of time that has lapsed since you saw the dentist and having your teeth completed.

You were seen by Dr. Nunn on 1/9/2014 and she informed you that you qualified for dentures. This has not been completed. We do have a dentist coming to Varner and he is attempting to complete the prosthetics by the end of March.

I find this grievance with merit due to the delay.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Deborah Louise York

Title

02/28/2014

Date

RECEIVED - HEALTH SERVICES  
ARKANSAS DEPARTMENT  
OF CORRECTION

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

MAR 12 2014

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

BECAUSE Deborah York is  
ONCE AGAIN FABRICATED THE ISSUE complain about in this  
complaint, because I have not been seen on 1/9/2014 by  
Dr. Nunn. I RENDER A MEDICAL GRIEVANCE RESPONSE BY MEDICAL  
GRIEVANCE COORDINATOR THAT Dr. Nunn HAVE APPROVE FOR ME TO  
RECEIVE UPPER DENTURES in other STEP ONE Informal Solutions  
BUT AT NO TIME HAVE I BEEN SEEN BY Dr. Nunn. (SEE RESPONSES  
OF ALL STEP ONE Informal Solutions IN RECORDS FROM 12/10/2013 TO  
3/11/2014). ALSO, REVIEW SECURITY CAMERA'S TAPES on 1/9/2014.  
AND SAID SECURITY TAPES in CELLBLOCK # will show THAT I NEVER  
LEFT CELL # 218 ON THAT DAY FOR ANY APPOINTMENT.

John H. Williams  
Inmate Signature

93081  
ADC #

3/11/2014  
Date